

FIRST REGULAR SESSION

# SENATE BILL NO. 228

93RD GENERAL ASSEMBLY

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INTRODUCED BY SENATOR RIDGEWAY.

Read 1st time January 25, 2005, and ordered printed.

TERRY L. SPIELER, Secretary.

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## AN ACT

To repeal section 376.1230, RSMo, and to enact in lieu thereof one new section relating to health insurance coverage for chiropractic care.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Section 376.1230, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1230, to read as follows:

376.1230. 1. Every policy issued by a health carrier, as defined in section 376.1350, shall provide coverage for chiropractic care delivered by a licensed chiropractor acting within the scope of his or her practice as defined in chapter 331, RSMo. The coverage shall include initial diagnosis and clinically appropriate and medically necessary services and supplies required to treat the diagnosed disorder, subject to the terms and conditions of the policy. The coverage may be limited to chiropractors within the health carrier's network, and nothing in this section shall be construed to require a health carrier to contract with a chiropractor not in the carrier's network [nor shall a carrier be required to reimburse for services rendered by a nonnetwork chiropractor unless prior approval has been obtained from the carrier by the enrollee]; **except that a health carrier shall be required to reimburse for services rendered by a nonnetwork chiropractor according to the same formula as any other nonnetwork provider is reimbursed if the health carrier reimburses for services rendered by any other nonnetwork provider.** An enrollee may access chiropractic care within the network for a total of twenty-six chiropractic physician office visits per policy period, but may be required to provide the health

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

carrier with notice prior to any additional visit as a condition of coverage. A health carrier may require prior authorization or notification before any follow-up diagnostic tests are ordered by a chiropractor or for any office visits for treatment in excess of twenty-six in any policy period. The certificate of coverage for any health benefit plan issued by a health carrier shall clearly state the availability of chiropractic coverage under the policy and any limitations, conditions, and exclusions.

2. A health benefit plan shall provide coverage for treatment of a chiropractic care condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a chiropractic care condition than for access to treatment for another physical health condition.

3. The provisions of this section shall not apply to any health plan or contract that is individually underwritten.

4. The provisions of this section shall not apply to benefits provided under the Medicaid program.

5. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months' or less duration, or any other similar supplemental policy.